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GROUND AMBULANCE STUDY

DISCUSSION PAPER

Emergency Services Branch
Department of Hospitals and
Medical Care
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GROUND AMBULANCE SERVICES IN ALBERTA

PROBLEM

The present ground ambulance service in Alberta is fragmented and uncoordinated in terms of specific legislation, training of attendants, level of service being provided and grant subsidies. No one government department or agency is responsible for monitoring and/or evaluating the ambulance service being provided to Albertans.

BACKGROUND

Fifteen years ago the Royal Commission in Health Services (1965) stated that "efficient ambulance service can save lives, diminish the period of hospitalization and the extent of permanent disability" (p.85), and that the provincial governments "establish guidelines for the efficient organization of ambulances..." (p.86). To date, ambulance services in Alberta are still uncoordinated and fragmented.

The Federal Working Party on ambulance services in 1972 concluded that the provision of a comprehensive integrated essential ambulance service must be available to all citizens at all times. Furthermore, it agreed that comprehensive health care service must provide adequate means of transportation of the acutely ill or injured from the scene of the incident to the emergency facilities of a hospital.

In Alberta two reports, (1974,1976) by the Alberta Medical Association (AMA), have called on the provincial government for a province-wide coordinated ambulance service. By 1978 the AMA still considered the ambulance service the "weak link" in Alberta's medical care program (Edmonton Journal, September, 1978).

In spite of the fact that no province-wide ambulance program has been instituted the training program for ambulance attendants, entitled the Emergency Medical Technician - Ambulance (EMT-A), was approved by the provincial government in July, 1978. Implementation of the program

began in January, 1979 by the Department of Advanced Education and Manpower. It is expected that approximately 1400 ambulance attendants in Alberta will be trained to the new level by December, 1982. The program is voluntary and there is no provision for the attendants to be licensed or regulated once they are qualified.

In 1979, Alberta Ambulance Operators' Association (AAOA) expressed their concern that Albertans should be "offered standards of pre-hospital emergency care consistent with modern concepts" (1979). Various recommendations concerning standards for equipment, vehicles and ambulance attendants were also proposed. In addition, the AAOA recommended centralized legislation for ambulance services, a province-wide communication system, a minimum training level at the EMT-A level and subsidization of ambulance services by means of grants (1979).

Ambulance services in Alberta were considered "poor in most municipalities and in many others very poor" by the membership of the Alberta Hospital Association (AHA) in 1978. In a position paper released in 1979 the AHA urged the provincial government to provide sufficient funding for ambulance services which meet prescribed statutory standards. The AHA further contended that ambulance services must be recognized as an integral part of the health care system and that one Ambulance Services Act be introduced which provides for basic standards for personnel, vehicles and equipment, licensure and inspection. The AHA position paper has been endorsed by the Alberta Urban Municipalities Association, the Alberta Medical Association and the Alberta Association of Municipal Districts and Counties (1980).

In April, 1979 Emergency Services Branch (ESB) Department of Hospitals and Medical Care presented a position paper on Ground Ambulance services in Alberta. A Ground Ambulance Study was commenced in October, 1979 by ESB. Data for the Ground Ambulance Study was collected through questionnaire to 98 ambulance operators and visitations to 25 ambulance service locations. The attached Resource Analysis is intended to give some overview of the existent ambulance services in Alberta.

The issues discussed in this paper will only relate to Basic Life Support ambulance services. The Advanced Life Support services will be dealt with in a later paper.

SPECIFIC ISSUES

1. Legislation

There are five separate pieces of legislation concerned with the provision of ambulance services in Alberta. (See Appendix A). Four government departments are involved, with no one department assuming total responsibility for the provision of ambulance services.

2. Training

The qualifications of ambulance attendants vary widely in Alberta. These qualifications range from those with less than a standard St. John's Ambulance Certificate to those with a two-year diploma in emergency paramedical care. (See Resource Analysis).

With the EMT-A program not legislated as the compulsory minimum level of training for ambulance attendants various levels of qualifications have resulted.

3. Funding

The provincial government is not directly involved with the funding of ambulance services in Alberta. The municipalities may provide grants to local ambulance operations under The Municipal Government Act. The result is that the amount of grant subsidy or per capita subsidy varies considerably - in some cases from no funding to $10.29 per capita grant. (Municipal Affairs Inventory of Ambulance Services 1979).

4. Standards

Under The Municipal Government Act a municipality may set minimum standards with regard to equipment, vehicles, attendants. With no

compulsory minimum standards for vehicles, equipment or attendants, with the exception of Class A ambulances, different levels of service have resulted. These services range from less than Class A services to Advanced Life Support services (emergency paramedic).

5. Reporting System

There is no information system for ground ambulance services at this time. It is, therefore, difficult to determine, on an ongoing basis, the type and level of ambulance service being provided to Albertans. In addition, the evaluation of services is non-existent.

6. Radio Communications

The importance of radio communications cannot be under-estimated in the provision of emergency ambulance service. However, at present 12 out of 97 (12%) still have no form of radio communications between the ambulance and the hospital. (See Resource Analysis).

7. Interhospital Transfer of Patients

A hospitalized patient (under 65 years of age) outside of a city does not receive the benefit of transfer by ground ambulance to a higher or lower level of care. (See Alberta Hospitalization Benefits Regulations in Appendix A). Thus, if such a patient has to be transferred, on the advice of a physician, the cost of ground ambulance transfer must be borne by that patient. On the other hand, the patient being moved between hospitals within a city can be transferred without any charge to that patient.

8. User Costs

The cost of ground ambulance services does produce a financial burden to some patients especially where long distances are involved to the nearest referral health care centre.

ALTERNATIVES

1. LEGISLATION

Alternative #1

An Ambulance Services Act administered by the Department of Hospitals and Medical Care (hereafter referred to as the Department).

- mechanical safety standards being maintained by Alberta Transportation
- ambulance services must be legislated as an essential service such as fire and police
- some funding being provided by the municipal councils through the Municipal Government Act

Advantages

(i) Emergency Services Branch is directly involved in the provision of emergency medical services.

(ii) An ambulance program will relate to hospitals and to the continuity of patient care.

(iii) Will encourage physicians to support the ambulance program.

Disadvantage

(i) Some communities consider that an Ambulance Act may interfere with "local autonomy".

Alternative #2

Incorporate an ambulance program into the existing Alberta Hospitals Act.

Advantages

(i) Will ensure that ambulance service becomes part of the hospital program.

(ii) Will ensure continuity of patient care within the health care system.

(iii) As a hospital program, ambulance personnel will benefit from continuing education and medical audit.

(iv) It would facilitate the incorporation of ambulance services as an insured service under Alberta Health Care Insurance Plan (AHCIP).

Disadvantages

(i) Will increase the workload/responsibilities of hospital board, administration, physicians and other staff.

(ii) Some municipal officials may view this as an erosion of their local programs.

(iii) May increase the capital cost of new hospital construction.

2. TRAINING

Alternative #1

Compulsory level of training for ambulance attendants at the Emergency Medical Technician - Ambulance (EMT-A) level.

Advantages

(i) Will ensure a compulsory minimum level of training for ambulance attendants.

(ii) Will allow the licensure and regulation of EMT-As through the proposed Health Occupations Act or under and Ambulance Services Act.

(iii) Will indicate the potential manpower requirements for ambulance service.

Disadvantages

(i) Some volunteer services consider that:

a) the EMT-A level of training is too technical
b) the volume of calls does not warrant EMT-A training
c) time commitment for taking the course is not equal to the time put into the service
d) there is possible loss of skills through lack of practice
e) there may be a higher rate of attrition amongst volunteers

(ii) The costs to the student could constitute a problem if:

a) the student must travel outside of his community for training
b) the Canada Manpower subsidy does not apply

(iii) Will increase the operating and capital costs of ambulance services to support the higher basic level of care.

3. FUNDING

Alternative #1

100% Provincial Government funding on a per capita grant basis.

Advantage

(i) It will facilitate a standard level of ambulance service throughout the province.

Disadvantages

(i) It does not consider the local conditions which determine the type and level of program that may be necessary for the community.

(ii) Erosion of "local autonomy"

Alternative #2

100% Provincial Government funding on a program budget basis.

Advantages

(i) It identifies the program that is necessary to meet local needs.

(ii) It allows the Department "control" over the ambulance service costs.

Disadvantage

(i) Erosion of "local autonomy"

Alternative #3

Funding on a shared-cost basis between the provincial and municipal governments.

Advantages

(i) Communities would retain a certain degree of "local autonomy".

(ii) The financial burden on municipalities could be eased.

Disadvantage

(i) <u>All</u> municipalities providing ambulance services will have to contribute financially towards ambulance services

4. STANDARDS

Alternative #1

Minimum compulsory standards with regard to equipment, vehicles and training.

Advantage

(i) It assures a uniform, minimum level of ambulance service throughout the province.

Disadvantage

(i) Increases the program cost

5. REPORTING SYSTEMS

Alternative #1

Develop a standardized reporting system for the ambulance operators including:

a) Patient Care Report
b) Management Reports (including financial reports)

Advantages

(i) Mechanism for monitoring and evaluating the ambulance program.

(ii) Assist ambulance operators in evaluating their operations.

(iii) Enable ambulance operators to compare their operation relative to others.

Disadvantages

(i) It increases the paperflow.

(ii) It increases the cost to the system.

6. RADIO COMMUNICATIONS

Alternative #1

To introduce a province-wide ground ambulance radio communication system with regional dispatch.

Advantages

(i) Will ensure interaction between ambulance personnel and hospital(s).

(ii) Will allow the most effective use of ambulance and hospital resources.

(iii) The general public will be ensured access to an ambulance service on a 24 hour basis.

(iv) It could facilitate the coordination of all emergency services.

Disadvantages

(i) Increased cost to the system

(ii) Regional dispatcher may be unfamiliar with local conditions which may increase response time.

7. INTER-HOSPITAL TRANSFER

Alternative #1

Delete "within the same city" in Regulations to Hospital Act and include "Nursing Homes".

Advantages

(i) It "frees" hospital beds.

(ii) It could possibly increase bed utilization in smaller hospitals.

(iii) Encourages the proper placement of patients in the appropriate facility without financial hardship to the patient.

(iv) May provide psycho-social benefits to the patient by transferring him/her back to familiar surroundings.

Disadvantages

(i) Increased cost to the hospital and ambulance systems.

(ii) Local hospitals may not have the available beds or the necessary support services for further patient care.

(iii) This alternative does not recognize the problem of transporting discharged patients back to their home community which may not be served by public transportation.

(iv) There may be abuse of the ground and air ambulance services to transport non-emergency cases.

8. USER COSTS

Alternative #1

Charge user fee and kilometre charge -- i.e. maintain status quo.

Advantage

Provides revenue for ambulance services

Disadvantages

(i) May be financial burden to patients who do not have additional insurance for ambulance services.

(ii) Could be a financial hardship to those patients who live long distances away from a health care facility.

Alternative #2

Charge user fee - no kilometre charge.

Advantage

(i) Would ease some of the financial hardship imposed by Alternative #1 above.

Alternative #3

No user fee - no kilometre charges; therefore ambulance service is an ensured service under AHCIP.

Advantage

(i) No out-of-pocket expenses involved when an ambulance service is used.

Disadvantages

(i) Excessive abuse of the ground ambulance service.

(ii) It will likely increase AHCIP premiums.

REFERENCES

Alberta Ambulance Operators' Association. Letter to the Alberta Medical Association. January 10, 1979.

Alberta Hospital Association. Position Paper on Ambulance Services in the Province of Alberta, 1979.

A Survey and Recommendation Regarding Ambulance Services in the Province of Alberta. Final Report of the Committee on the Medical Aspects of Transport Accidents of the Alberta Medical Association. Chairman, W. A. Donald, 1974.

Recommendation for the Development of Provincial Ambulance Service (Alberta). Prepared by the Special Committee of the Alberta Medical Association on a Provincial Ambulance Service. April 1976.

Report of the Hall Commission on Health Services, Vol. II. W. M. Hall, Chairman. Ottawa: The Queen's Printer, 1965.

APPENDIX A

Existing Legislation

There are five separate pieces of legislation concerned with the provision of ambulance services in Alberta:

(1) The Motor Transport Act (Alberta Transportation), specifies the regulations for the ambulance vehicles, ambulance attendant qualifications and equipment list. The Act calls for Class "A" and Class "B" ambulances - the former means a commercial ambulance operated in or out of the Cities of Edmonton, Calgary, Lethbridge and/or suburbs thereof; the latter means a commercial ambulance other than a Class "A" ambulance. Every Class "A" ambulance must be staffed with at least one qualified attendant, in additon to the driver. A qualified attendant is "a person who holds a valid and subsisting St. John's Ambulance Medallion or certificate".

(2) The Municipal Government Act (Municipal Affairs), allows municipalities to provide ambulance service exceeding the minimum requirements set forth in The Motor Transport Act; specifically: minimum standards for ambulance drivers and attendants. The Municipal Government Act also allows municipalities to set charge rates for service.

(3) The Public Health Act (Social Services and Community Health), empowers the Provincial Board of Health to make regulations regarding the training and experience of ambulance drivers and attendants. The Provincial Board of Health has not made regulations in this regard to date.

(4) The Medical Profession Act, allows the College of Physicians and Surgeons of Alberta to license and regulate all "medical assistants" in the Province. To date the College has not chosen to regulate these medical assistants which would include Emergency Medical Technicians - Ambulance and Emergency Paramedics.

APPENDIX A (continued)

(5) The Alberta Hospitalization Benefits Regulations under the Alberta Hospitals Act (Department of Hospitals and Medical Care).

Under these benefits, it specifies that a patient may be transported by ambulance or other commercial vehicle within the same city (emphasis added) in Alberta to a general and/or auxiliary hospital.

NOTE

The draft Health Occupations Act, (Bill 30), introduced in July, 1979 by the Department of Social Services and Community Health was intended to register and license various health occupations including EMT-As and Emergency Paramedics. This Bill has not yet been approved by the Legislature.